

**TREATMENT PROTOCOL: NON-TRAUMATIC HYPOTENSION**

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Advanced airway prn
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Venous access

CLEAR BREATH SOUNDS	RALES
7. <b>Normal Saline</b> fluid challenge 10ml/kg IV at 250ml increments	7. <b>ESTABLISH BASE CONTACT (ALL)</b>
8. <b>ESTABLISH BASE CONTACT (ALL)</b>	8. If bleeding not suspected: <b>Dopamine</b> (Adult Administration Only) ❶ 400mg/500ml NS IVPB Start at 30mcgts/min titrate to SBP 90-100mmHg and signs of adequate perfusion or to a maximum of 120mcgts/min
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<b>SPECIAL CONSIDERATIONS</b>	

This treatment protocol includes, but is not limited to, treatment of:

- Cardiogenic shock without dysrhythmia
- Ectopic pregnancy
- Sepsis
- GI bleed
- 2<sup>nd</sup> or 3<sup>rd</sup> trimester hemorrhage
- Ruptured aorta

If 2<sup>nd</sup> or 3<sup>rd</sup> trimester hemorrhage, left lateral position to decrease pressure on the vena cava, enhance maternal flow and increase perfusion.

❶ If available.